

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 DEC -8 PM 1:26

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Wisconsin Medical Society Political Action Committee

ADDRESS (number and street)

330 E. Lakeside Street

Check if different than previously reported. (ACC)

Madison

WI

53715

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00548438

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on:

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2014

through

MM / DD / YYYY

MM / DD / YYYY

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Chris Rasch

Signature of Treasurer



Date

MM / DD / YYYY

MM / DD / YYYY

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 12/2004

FE7AN014

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

10 / 16 / 2014

To:

11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	00	00
(b) Cash on Hand at Beginning of Reporting Period	00	
(c) Total Receipts (from Line 19)	5,500.00	1,030,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5,500.00	1,030,000.00
7. Total Disbursements (from Line 31)	550.00	1,030,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	00	00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From: MM / DD / YYYY 10 / 16 / 2014 To: MM / DD / YYYY 11 / 24 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

550.00

10300.00

(ii) Unitemized.....

00

00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

550.00

10300.00

(b) Political Party Committees.....

00

00

(c) Other Political Committees (such as PACs).....

00

00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

550.00

10300.00

12. Transfers From Affiliated/Other Party Committees.....

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00

00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

00

00

(b) Levin Funds (from Schedule H5).....

00

00

(c) Total Transfers (add 18(a) and 18(b))..

00

00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

550.00

10300.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

550.00

10300.00

11010110101

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00	00
(ii) Non-Federal Share	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees	5 5 0 00	1 0 3 0 0 00
24. Independent Expenditures (use Schedule E)	00	00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	00	00
26. Loan Repayments Made	00	00
27. Loans Made	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	00	00
29. Other Disbursements	00	00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00	00
(ii) "Levin" Share	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5 5 0 00	1 0 3 0 0 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5 5 0 00	1 0 3 0 0 00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5 5 0 00	1 0 3 0 0 00
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5 5 0 00	1 0 3 0 0 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00

LW0101 UNLW LW01

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE OF	
		(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)
A. Timothy McAvoy

Mailing Address
1751 E. Main Street

City **Brookfield** State **WI** Zip Code **53005-5147**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Neurologic Assoc. of Waukesha Ltd.** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200 00

Date of Receipt
10 / 23 / 2014

Amount of Each Receipt this Period
100 00

earmarked for Pocan for Congress

Full Name (Last, First, Middle Initial)
B. Timothy McAvoy

Mailing Address
1751 E. Main Street

City **Brookfield** State **WI** Zip Code **53005-5147**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Neurologic Assoc. of Waukesha Ltd.** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300 00

Date of Receipt
10 / 23 / 2014

Amount of Each Receipt this Period
100 00

Earmarked for Ribble for Congress

Full Name (Last, First, Middle Initial)
C. Linda Syth

Mailing Address
290 Lynne Trail

City **Oregon** State **WI** Zip Code **53575**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WI Medical Society Holdings** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450 00

Date of Receipt
10 / 23 / 2014

Amount of Each Receipt this Period
100 00

Earmarked for Ribble for Congress

SUBTOTAL of Receipts This Page (optional).....▶ **300 00**

TOTAL This Period (last page this line number only).....▶ **550 00**

11-10-14 11:11 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan for Congress

Mailing Address
P O Box 1488

City: Janesville State: WI Zip Code: 53547

Purpose of Disbursement

Candidate Name
Paul Ryan

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

0 1 1
Category/
Type

Date of Disbursement

10 / 23 / 2014

Amount of Each Disbursement this Period

1 0 0 00

Earmarked by Heidi Green

Full Name (Last, First, Middle Initial)

B. Pocan for Congress

Mailing Address
P O Box 327

City: Madison State: WI Zip Code: 53701

Purpose of Disbursement

Candidate Name
Mark Pocan

Office Sought: House
 Senate
 President
State: WI District: 02

Disbursement For:
 Primary General
 Other (specify) ▼

0 1 1
Category/
Type

Date of Disbursement

10 / 23 / 2014

Amount of Each Disbursement this Period

2 0 0 00

Earmarked by Linda Syth and
Timothy McAvoy \$100 each

Full Name (Last, First, Middle Initial)

C. Ribble for Congress

Mailing Address
P O Box 7200

City: Appleton State: WI Zip Code: 54912

Purpose of Disbursement

Candidate Name
Reid Ribble

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For:
 Primary General
 Other (specify) ▼

0 1 1
Category/
Type

Date of Disbursement

10 / 23 / 2014

Amount of Each Disbursement this Period

2 0 0 00

Earmarked by Linda Syth and
Timothy McAvoy \$100 each

SUBTOTAL of Disbursements This Page (optional).....▶

5 0 0 00

TOTAL This Period (last page this line number only).....▶

2014-11-11 11:11:11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

A. Full Name (Last, First, Middle Initial)
Glenn Grothman for Congress

Mailing Address
P O Box 1215

City **Fond du Lac** State **WI** Zip Code **54936**

Purpose of Disbursement

Candidate Name
Glenn Grothman

Office Sought: House Senate President
State: **WI** District: **00**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
10 / 21 / 2014

Amount of Each Disbursement this Period
50.00

Category/Type
011

Earmarked by **Sridhar Vasudevan**

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **50.00**

TOTAL This Period (last page this line number only)..... ▶ **550.00**

ACTION PLAN 11/10/14



Wisconsin Medical Society
 40 Chris Rasek
 330 East Lakeside St
 Madison, WI 53775

RECEIVED
 JAN 17 - 8 PM '14
 POST OFFICE MAIL CENTER

U.S. POSTAGE
 PAID
 MILWAUKEE, WI
 53202
 DEC 03, 14
 AMOUNT
\$4.00
 00027411-



20463



1000



70J4 1620 0001 1633 9525

Federal Election Commission
 (FEC)
 999 E. Street, NW
 Washington, DC

20463

